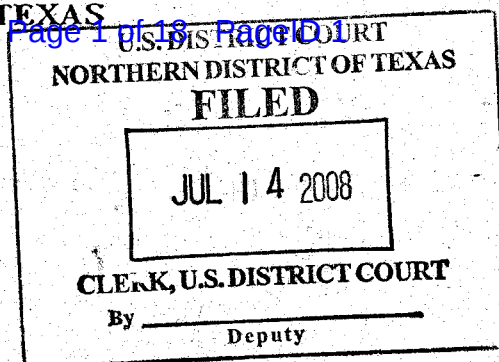


CTJ
ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
Fort Worth DIVISION

Case 4:08-cv-00420-A Document 1 Filed 07/14/08 Page 1 of 18 PageID.1



Deborah Nimashaun
Plaintiff

v.

Federal Medical Facility-Carswell
Fort Worth, TX.

Defendant

§
§
§
§
§
§
§

Civil Action No:

4-08 CV-420-A

COMPLAINT

On January 31, 2008, I was bitten by an inmate that resulted in the permanently damage use of my right index finger.

I have failed to receive proper and adequate treatment from the medical department at Carswell. THIS IS CLEARLY MEDICAL NEGLIGENCE ALONG WITH CRUEL AND USUAL PUNISHMENT.

This is also a case that warrants "intentional" denial of adequate medical care.

This is also a case of delaying proper medical care which resulted in not being able to use my finger at all.

Dated, this 23 day of June, 2008

Signature

Deborah B. Nimashaun

Print Name

Deborah Nimashaun

Address

Carswell Medical Ctr.
Fort Worth, Texas

Telephone

Federal Bureau of Prisons

7002 2030 0006 7316 8498

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Deborah Nimeshaun 21914057 1 South FMC Carswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL The reasons for this appeal is because I filed everything according to BOP Policy and my case was rejected. I recieved a letter from the Admin. Remedy Coordinator, South Central Regional Office stating That I needed to start over filing the BP 8½, 9, and 10. I've done all this, due to neglect, the Medical Staff, the Warden and all parties involved failed to properly initiate the proper procedures and direct my remedies to the proper channels. It is truly adamant that all parties excluding self did not follow the necessary procedures which caused my appeal to be rejected. On 3-10-08, I did not withdraw my BP 9. I was told to initial the paperwork by Ms. Jenkins, Infectious Control Officer and Ms. Crumb to acknowledge they had examined my finger. It was not told to me that I was withdrawing my BP 9. I advised BOP and Regional, that I am suing for monetary damages, neglect (medical) and Stress, and mental anguish, deliberate indifference. I Know that I was unfairly treated and that I followed (all) the procedures according to policy. Enclosed are all papers pertaining to all incidents occurred in this matter. I also will seek criminalcharges against Inmate Mary Schipke who assaulted me on January 31, 2008, at FMC Carswell facility.

5/11/08

DATE

Deborah B Nimeshaun

SIGNATURE OF REQUESTER

Part B—RESPONSE

RECEIVED

MAY 20 2008

Administrative Remedy Section
Federal Bureau of PrisonsDATEGENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIALREG. NO.UNITINSTITUTION

SUBJECT: _____

DATESIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: **Deborah Banks Nimashaun** 21914-057 1South FMC Carswell

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

Part A—REASON FOR APPEAL On Jan. 31, 2008, I was attacked by Mary Schipke, an inmate living at Carswell Med. Center, she was my roommate at CC55 Unit. She had gone to the counselor, Ms. Belmon, on several occasions to be moved, because she didn't like cleaning solutions, perfumes, lotions, powders or air fresheners. She doesn't use soap or laundry detergent. On Jan. 31, she went to Ms Belmon again and wanted to talk to her, Ms Belmon came out and her office door, she stated she wouldn't be able to see or talk to her, or anyone that day. Ms Schipke became angry and started making accusations towards Ms Belmon, about her constitutional rights. She then sped off to our room. At that point I entered into our room, she (Ms. Schipke) was packing things out of her locker. She looked at me and stated "I'm packing my things outgo to the Shu and I'm taking your "ass" with me" because I'm sick of your F----- air fresheners, Perfumes, and powder, you are trying to kill me. And when I get through packing my things I'm going to kick your F---- Ass". I stated back to her "You are not worth 27 days of my good time". I got in my wheelchair and I rolled towards the door, just as I got to the door, she stopped what she was packing and hit me up side my head. So I backed up my chair, and pointed my finger at her to tell her not to put her hands on me anymore, and she bit me, on my finger so hard that you

DATE **March 14, 2003**

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: **983635-R1**

Part C—RECEIPT

CASE NUMBER: **R2**

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

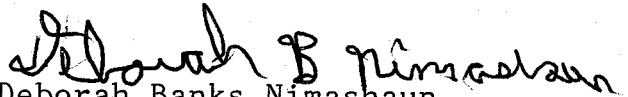
UNIT

INSTITUTION

SUBJECT:

see my bone. She didn't let go until the officer arrived and yelled at her to let me go. Prior 2 days before, Mr. Gilbert, officer on duty on CC5, read a harassing and threatening letter sent by Ms Schipke, where she wrote to me. I showed it to the officer. She premeditated to hurt me. Officer Gilbert told Lt. Hubby about the harassing and threatening letter he read. I'm not the first inmate nor the last that Ms Schipke has assaulted, there are many others. They keep expunging Ms. Schipke's shots. I want to press charges on Ms. Schipke. My finger has healed the wrong way, My bone was broken. Its bent wrongly. I want my finger the way it was. It hurts alot with sharp and throbbing pain. It doesn't enable me to do much because I'm a right handed person, and its my right handed index finger that she deformed / disfigured. She should be charge with bodily assault, she mutilated the skin and broke my finger and used her teeth as a weapon, its called a mayhan.

March 14, 2008


Deborah Banks Nimashaun
21914-057

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 1330.13, Administrative Remedy Program, requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name: Delorah Nimashaur Reg. No.: 21914057 Unit: 1 South

Specific Complaint and Requested Relief: Was bitten by another inmate, in which my

skin was pierced and has resulted in mutilation and deformity of
one of my fingers. I have been denied my right to know if the inmate
who bit me, has any form of communicable disease which I may
have not only been exposed to via her saliva, but have been
refused by JMC Staff to be tested by lab to determine if I have
contracted any disease from the inmate who bit me.

Efforts Made By Inmate To Informally Resolve Grievance (be specific):

I have requested the above, from medical staff, lieutenants
and numerous security staff but this issue is no longer
able to be informally resolved. Please see the attached BP9.

-----Remainder of form to be completed by staff-----

Counselor's Comments: _____

Date form provided to inmate: 02/21/08

Date form returned to Correctional Counselor: _____

Correctional Counselor's Review / Date

Unit Manager's Review / Date

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Nimashaur Deborah 21914057 1 South Carrawell Federal Medical Center
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I have been denied my right to know in an isolated case in which I was bitten by another inmate where my skin and subcutaneous tissues were pierced, whether or not I have been exposed to some form of communicable disease which the inmate who bit me, may have. I received a TETANUS injection, only after much insistence on my own behalf. All JMC medical and security staff have otherwise refused to acknowledge my requests for assistance in this matter. I have an undeniable right to know if the attacking inmate has a communicable disease such as HCV, HCB, HIV, AIDS, etc., in order to initiate formal charges with local County of Tarrant Public Officials.

2/21/08
DATE

Deborah Nimashaur
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached

Ms. Krumm spoke with me concerning the above information. She informed me there was no exposure as a result of the bite and incident. I will continue to follow-up with Ms. Krumm and Ms. Jenkins as needed along with Dr. Parra concerning my medical care. x

Anita Krumm, MD
Anita Krumm, MD

J.M. 3/10/08

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 483635-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



ON. Jan. 31 at 3:50 P.M.

I Brenda Bloomer heard Mary Shipke tell Deborah that she was going to take someone to the store with her. I heard some Arguing and a Slap when I looked up Deborah was Pointing her finger in Shipke's Face Telling her you Better Not hit Me again. Then Shipke Bit down on Deborah's Finger that's how her finger got into Shipke's mouth So I hollared for the officer. So Ms Bellmound and Ms Gary Came Ms Bellman had to hollar at Shipke to make her release Deborah's Finger from her mouth.

Brenda Bloomer
02-11-08

Witness





UNITED STATES GOVERNMENT
memorandum
FEDERAL BUREAU OF PRISONS
Federal Medical Center, Carswell
Fort Worth, Texas

April 4, 2008

Received

APR 18 2008

Bureau of Prisons
Legal Department, SCRO

MEMORANDUM FOR DEBORAH NIMASHAUN

REG. NO. 21914-057

FROM:

W. Elaine Chapman
W. Elaine Chapman, Warden

SUBJECT:

Re: Rejection Notice of Regional Administrative Remedy Appeal


Your Regional appeal was recently rejected and returned to you, indicating you must first file a BP-9 request through the institution for the Warden's review and response before filing an appeal at that level. A review of this matter reveals you had previously filed Request for Administrative Remedy No. 483635-F1, requesting to know if an inmate who allegedly attacked you had a communicable disease. However, documentation signed by you indicates you withdrew this Request for Administrative Remedy on March 10, 2008, after a Nurse Manager spoke with you and informed you there was no exposure to any disease as a result of the attack.

Additionally, in your Regional appeal, you request to press charges on the inmate who allegedly attacked you. Please be informed that Bureau of Prisons' staff do not offer legal assistance to inmates. As an inmate, you have access to the courts and are free to pursue legal action against the inmate if you choose. Through the legal mail or telephone procedures, you may contact an attorney of your choice at no expense to the Government. You may visit with an attorney at this institution and have confidential attorney telephone calls. Legal aid services may also be contacted through mail or normal telephone calls. Additionally, the inmate Law Library is available to inmates needing to research legal issues.

I trust this information is beneficial to you.

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: APRIL 24, 2008


FROM: ADMINISTRATIVE REMEDY COORDINATOR
SOUTH CENTRAL REGIONAL OFFICE

TO : DEBORAH BANKS NIMASHAUN, 21914-057
CARSWELL FMC UNT: CHR CARE QTR: H03-107L
P.O. BOX 27066
FORT WORTH, TX 76127

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 483635-R2 REGIONAL APPEAL
DATE RECEIVED : APRIL 18, 2008
SUBJECT 1 : OTHER MEDICAL MATTERS
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

REJECT REASON 2: YOU DID NOT PROVIDE A COPY OF YOUR INSTITUTION
ADMINISTRATIVE REMEDY REQUEST (BP-9) FORM OR A COPY
OF THE (BP-09) RESPONSE FROM THE WARDEN. *and*

REJECT REASON 3: SEE REMARKS.

REMARKS : AS PREVIOUSLY STATED, 3-10-08 YOU WITHDREW YOUR BP-9.
YOU MUST COMPLETE THE ADMINISTRATIVE REMEDY PROCESS
AT THE INSTITUTION BEFORE APPEALING TO THE REGION.

7002 2030 0006 7316 8498

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 28, 2008

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : DEBORAH BANKS NIMASHAUN, 21914-057
CARSWELL FMC UNT: CHR CARE QTR: H03-107L
P.O. BOX 27066
FORT WORTH, TX 76127

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 483635-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : MAY 20, 2008
SUBJECT 1 : OTHER MEDICAL MATTERS
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE WRONG LEVEL. YOU SHOULD HAVE FILED AT THE INSTITUTION, REGIONAL OFFICE, OR CENTRAL OFFICE LEVEL.

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL AT THIS LEVEL.

REMARKS : RECORDS INDICATE THIS APPEAL WAS WITHDRAWN ON 03/10/08. YOU MUST RESTART THE APPEAL PROCESS AT THE INSTITUTION LEVEL.

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE Attachment G

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

OCCUPATIONAL EXPOSURE INCIDENT REPORT

DATE: 1/31/07

TIME: 1600

Location of Incident: CC # 5

(Circle)

Description of Incident: Contact with: visible blood / Other body fluids

Percutaneous Exposure: (needlestick) (other sharp object penetration)

Mucous Membrane: (eyes) (nose) (ear) (mouth) (compromised skin integrity-broken skin areas)

Skin: (intact) (non-intact) (Explain): human bite to right hand

HBV Vaccine Status: (Vaccine completed: Yes / No / Unsure) (Status: HBsAb+ / Unknown)

DESCRIPTION OF INCIDENT: See attached BOP form BP-362(60)

"Inmate Injury Assessment And Follow-up"

Source: ☒ Known

Unknown

FILE REVIEW

Review Sources medical record (if available) for the following

Risk Factor History (Look in H&P, A-Sheet) History of IVDA/TATOOS / Unsafe Sexual Practices

(Circle)

Laboratory Results:

HCV (Yes) No

Date: 7/24/07 NR Chart

HIV Yes No

Date: Not avail

HBsAg (Yes) No

Date: 7/24/07 NR at this time

RPR (Yes) No

Date: 5/13/06 NR 1 source

Comments (Assessment): Source questions denies IV drug use
tatoos of or anything of Hep C HIV or Hep BStaff treatment option: ☐ Treatment By Private Physician ☒ FMC at Carswell

Completed by Mid-level Practitioner Date: 1/31/08 Time: 1600

Z. Qureshi

Mid-Level Provider

FMC-Carswell, Fort Worth, TX

PATIENT'S IDENTIFICATION (Use this space for
mechanical imprint)

Nimushavn, Deborah

#21914-057

FMC CRW

RECORDS
MAINTAINED ATFederal Medical Center, Carswell
Fort Worth, Texas

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

ATTENTION LIMITED OFFICIAL USE

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and ICMR

FIRM (41 CFR) 201-454.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
1/31/08	NOTIFICATION MADE TO PROVIDER:			
11:00	NOTIFICATION MADE TO INFECTION CONTROL:			
	Called MOD O CDC per letter Spoke Dr			
DETERMINATION SUMMARY: (Circle appropriate response)				
Type: (Percutaneous) (Mucous membrane) (Non-intact skin) (Intact skin)				
Exposure: (Bloodborne) (Non-Bloodborne)				
If exposed to HCV - information sheet provided (Yes) (No)				
If exposed to HBV - information sheet provided (Yes) (No)				
HBIG indicated (Yes) (No) Given (Yes) (No)				
Consent / Declination Form filled out (Yes) (No)				
HBV initiate vaccination series (Yes) (No) Given (Yes) (No) No				
Consent / Declination Form filled out (Yes) (No)				
CDC PEP line contacted (1-888-448-4911) Without exception: Dr. Snyg				
CDC recommendations: Hep B vaccine shot, labs for Hep B & HIV repx O b 12 24 offer HIV meds if pt accepts explain low risk				
<input type="checkbox"/> Clinical Director <input checked="" type="checkbox"/> MOD <input type="checkbox"/> Designee <input type="checkbox"/> recommendations: follow above				
HIV/PEP indicated: (Yes) (No) Given (Yes) (No) Comments: pt refused dr				
Consent Form filled out (Yes) (No) follow source risk				
Declination Form filled out (Yes) (No)				
Education provided: HIV education and information sheet provided (Yes) (No)				
<input checked="" type="checkbox"/> Hepatitis B education and fact sheet. <input checked="" type="checkbox"/> Hepatitis C education and fact sheet.				
Counseling/ Follow - up: <input checked="" type="checkbox"/> Fifteen days <input checked="" type="checkbox"/> 3months <input type="checkbox"/> 6months <input type="checkbox"/> 12				
1.	Start + Abs for Bite See 600			
2.	Labs O b 12 24 for Hep B & HIV CBC & CMP			
3.	Snyg + TMP Starters See 600			
4.	Dressy dressing change for wound			
PHYSICIAN / MLP SIGNATURE: Z. Qureshi				
REVIEWED BY CLINICAL DIRECTOR: 1/31/08				
This was an inmate vs inmate assault. PEP not applicable. Brown Dr, 100				

5. List the persons who are dependent upon you for support, state your relationship to those persons (father, mother, spouse, etc.) and indicate how much you contribute toward their support.

not applicable

I, declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on 6/23/08 (date)

Deborah B. Nimschum
Signature of Petitioner



Sharon Gonzalez

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Nimashawn Deborah 21914057 ONE SOUTH Federal Medical C
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

This is the 2nd Administrative Remedy in which this is the re-filing of the incident that took place on January 31, 2008 where my finger was permanently damaged by the biting sustained by another inmate, Mary Schipke. I feel that the Medical Staff failed to properly address the issue of the severity of the assault and also I address the neglect of medical care to the proper healing of my finger which results in "unable to use my right index finger normally. It has caused me to be stressed out, feeling abnormal due to the deformity.

6-17-08
DATE

Attachments: 1) Bq dated 2/21/08
2) Witness letter

Deborah B. Nimashawn
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached

7/2/08
DATE

William C. [Signature]
WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: 21914057-1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



REQUEST FOR ADMINISTRATIVE REMEDY

PART B - RESPONSE

NAME: NIMASHAUN, DEBORAH

REG. NO. 21914-057

497934-F1

This is in response to your Request for Administrative Remedy No. 497934-F1, wherein you state this is the re-filing of the incident that took place on January 31, 2008, where your finger was permanently damaged by the biting sustained from another inmate. You also state you feel medical staff failed to properly address the issue of the severity of the assault. You further state you are addressing the neglect of medical care to the proper healing of your finger which resulted in being "unable to use" your right index finger normally.

Investigation and a review of your medical record reveal on January 31, 2008, you sustained a human bite to the right index finger during an altercation with another inmate. Following the incident, you were medically assessed and received appropriate treatment, using Center for Disease Control (CDC) protocols and guidelines. In February 2008, you received numerous evaluations regarding your finger injury and received appropriate treatment, including antibiotic therapy. On March 3, 2008, you were evaluated by your primary care physician during Chronic Care Clinic. Following the examination, requests were submitted for an x-ray of the right hand and an evaluation by the consultant hand surgeon. On March 6, 2008, the x-ray of your right hand was performed, which revealed flexion deformity of the distal interphalangeal joint of the index finger with degenerative changes about the first metacarpal-phalangeal joint. On May 1, 2008, you were evaluated by the consultant orthopedic specialist, who noted you no longer needed to wear a finger brace but will likely need to have a fusion of the joint. On June 24, 2008, you were evaluated by orthopedic specialist for a follow-up visit, and treatment recommendations are pending at this time.

Accordingly, your request for Administrative Remedy is addressed, in that you have received appropriate evaluations and treatment for your finger condition as clinically indicated.

If you are not satisfied with this response, you may appeal to the South Central Regional Director, 4211 Cedar Springs Road, Suite 300, Dallas, Texas 75219, via BP-DIR-10, within 20 calendar days of the date of this response.

Date

7/2/08

Warden

Glenn Chap

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Deborah Nimashaun

(b) County of Residence of First Listed Plaintiff Fort Worth, TX
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

DEFENDANTS

Federal Medical Facility-CARSWELL

County of Residence of First Listed Defendant Fort Worth, TX
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|----------------------------|---------------------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input checked="" type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
Estelle vs. Gamble, 429 US 97, 50 1 Ed 2d 251, 97 S Ct. 285

Brief description of cause:

Medical Malpractice against the Federal Medical Institution

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

\$2,000,000

CHECK YES only if demanded in complaint:

JURY DEMAND:

☒ Yes ☐ No

VIII. RELATED CASE(S) PENDING OR CLOSED

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

Deborah Nimashaw 21914-05
Federal Medical Center-Carswell
Post Office Box 27137
Fort Worth, Texas 76127

Case 4:08-cv-00420-A Document 1 Filed 07/14/08 Page 18 of 18 PageID 18



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